



**Department of Community Development
Clark County Animal Control**

PO Box 9810
Vancouver WA 98666-9810
(360) 397-2488
Fax (360) 759-5684

PUBLIC RECORDS REQUEST

PLEASE PRINT – YOUR INFORMATION

Today's Date
Your Name
Your Address
City, State & Zip
Home Phone
Cell Phone
Work Number

INFORMATION YOU ARE REQUESTING - Request for copies of animal related complaints for the below referenced property location that are public record during the time frame indicated.

Case Number (If Known)
Address of Animal Related Complaints At
Approximate Dates of Incident
Any Other Information You Would Like to Add

Copies fees may be applicable as follows:

Black & White

Single Sided 8-1/2 X 11 @ .13 each

Single Sided 11 X 17 @ .21 each

Double Sided 8-1/2 X 11 @ .19 each

Color

8-1/2 X 11 @ 1.00 each

RCW 42.17.310 Certain personal and other records exempt.

(1) The following are exempt from public inspection and copying:

(d) Specific intelligence information and specific investigative records compiled by investigative, law enforcement, and penology agencies, and state agencies vested with the responsibility to discipline members of any profession, the nondisclosure of which is essential to effective law enforcement or for the protection of any person's right to privacy.

(e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the public disclosure commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed the complainant, victim or witness indicates a desire for disclosure or

nondisclosure, such desire shall govern. However, all complaints filed with the public disclosure commission about any elected official or candidate for public office must be made in writing and signed by the complainant under oath..

Please be advised that your request will be processed within 5 business days upon this agency receiving a signed request for information. All requests are subject to review by the Clark County Prosecutor's Office.

Signature of Person Requesting Information _____

For Office Use Only

<i>CCAC File Number</i>		<i>For Office Use Only</i>
<i>Date Request Received</i>		<i>Notes Field</i>
<i>Date Mailed or Called for Pick Up</i>		
<i>Number of Copies</i>		
<i>Copy Charges Due</i>		
<i>Management Sign Off</i>		